

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-019066**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

**38**

Primary Registration District No. **3A06**

Registrar's No. **339**

**FILED MAY 20 1963**

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>SULLIVAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>COLUMBIA</b>		c. CITY OR TOWN <b>GREEN CITY</b>	
Length of stay in 1b <b>26 Days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <b>UNIVERSITY OF MISSOURI MEDICAL RECORDS</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>PEGGY</b> Middle <b>DENISE</b> Last <b>GUFFEY</b>		4. DATE OF DEATH Month <b>5</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-26-63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CENTERVILLE, IOWA</b>
13a. FATHER'S NAME <b>LARRY GUFFEY</b>		13b. MOTHER'S MAIDEN NAME <b>MADONNA PEARSON</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIOVASCULAR COLLAPSE</b> DUE TO (b) <b>CONGENITAL HEART DISEASE</b> DUE TO (c) <b>SINGLE VENTRICLE</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			INTERVAL BETWEEN ONSET AND DEATH <b>10 MINUTES</b> <b>LIFETIME</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>LACK OF SPLEEN, ANOMALOUS PANCREAS</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>APRIL 14</b> to <b>MAY 10</b> and last saw him alive on <b>MAY 10, 1963</b> Death occurred at <b>11:40 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Mark R. Palmer, M.D.</b>		22b. ADDRESS <b>UNIV. MED. CENTER.</b>	
22c. DATE SIGNED <b>5/10/63</b>		(State)	
23a. BURIAL, CREMATION; REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/12/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ferrygo Cemetery</b>	23d. LOCATION (City, town, or county) <b>Putnam Mo.</b>
24. FUNERAL DIRECTOR <b>Lyman W. Sprinkle, Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 11 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mark R. Palmer</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.